

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/654,233
	Filing Date	September 2, 2003
	First Named Inventor	de la Guardia <i>et al.</i>
	Group Art Unit	1619
	Examiner Name	Venkat, Jyothsna A.
	Attorney Docket Number	19124.0002U1

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114	
a. <input type="checkbox"/>	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
i. <input type="checkbox"/>	Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on
ii. <input type="checkbox"/>	Consider the arguments in the Appeal Brief or Reply Brief previously filed on
iii. <input type="checkbox"/>	Other *****
b. <input checked="" type="checkbox"/>	Enclosed
i. <input checked="" type="checkbox"/>	Amendment/Reply
ii. <input type="checkbox"/>	Affidavit(s)/Declaration(s)
iii. <input type="checkbox"/>	Information Disclosure Statement (IDS)
iv. <input checked="" type="checkbox"/>	Other Five-Month Extension of Time
2. Miscellaneous	
a. <input type="checkbox"/>	Suspension of action on the above-identified application is requested under 37. C.F.R. § 1.103(c) for a period of ***** months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
b. <input type="checkbox"/>	Other ****
3. Fees (Fees are required at the time the RCE is filed)	
a. <input type="checkbox"/>	Check in the amount of \$***** is enclosed for the fees designated below.
b. <input type="checkbox"/>	Credit Card Form PTO-2038 authorizing payment in the amount of \$**** is enclosed for the fees designated below.
c. <input checked="" type="checkbox"/>	Payment is herewith submitted electronically via EFS-Web in the amount of \$1,580.00 for the fees designated below.
d. <input type="checkbox"/>	The Director is hereby authorized to charge the amount of \$**** to Deposit Account No. 14-0629 for the fees designated below.
e. <input checked="" type="checkbox"/>	Fees
	<input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. § 1.17(e)
	<input checked="" type="checkbox"/> Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
	<input type="checkbox"/> Other *****
f. <input checked="" type="checkbox"/>	The Director is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 14-0629.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Brian C. Meadows	Registration No. (Attorney/Agent)	50,848
Signature	/Brian C. Meadows/	Date	May 18, 2009

CERTIFICATE OF EFS-WEB TRANSMISSION UNDER 37 C.F.R. § 1.8			
I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted by EFS-WEB on the date indicated below.			
Name of Person Mailing(Print/Type)	Brian C. Meadows		
Signature	/Brian C. Meadows/	Date	May 18, 2009